

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

70396 MEIER

-62-028281

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 213

STATE FILE NUMBER

FILED AUG 15 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kampsville St Charles</b>		c. CITY OR TOWN <b>Kampsville</b>	
Length of stay in lb <b>20 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>		d. STREET ADDRESS <b>RRI St Charles</b>	
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>Lucas</b> Last <b>Eichholz</b>		4. DATE OF DEATH Month <b>8</b> Day <b>6</b> Year <b>62</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/17/91</b>
9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months <b>1</b> Days <b>29</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner-ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Trucking Business</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph Eichholz</b>		13b. MOTHER'S MAIDEN NAME <b>Kunedunte Meyer</b>	
14. NAME OF HUSBAND OR WIFE <b>Elnora Peters</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>3</b>		17. INFORMANT <b>Edward Eichholz</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b> DUE TO (b) <b>Generalized Atherosclerosis</b> DUE TO (c) <b></b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> <b>10 yr</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b></b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b></b>	
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>		20f. CITY, TOWN, OR LOCATION <b></b>	
20g. COUNTY <b></b>		20h. STATE <b></b>	
21. I attended the deceased from <b>6-1-62</b> to <b>August 6, 1962</b> and last saw him alive on <b>August 5, 1962</b> Death occurred at <b>3:08 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. H. Poppert</b>		22b. ADDRESS <b>St Charles Mo</b>	
22c. DATE SIGNED <b>August 8, 1962</b>		22d. LOCATION (City, town, or county) <b>Normandy, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8/8/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>	
24. FUNERAL DIRECTOR <b>H.C. Dallmeyer &amp; Sons Co.</b>		25. DATE RECD. BY LOCAL REG. <b>8-8-62</b>	
26. REGISTRAR'S SIGNATURE <b>Marcella Wilson</b>		27. ADDRESS <b>St. Charles Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 16 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles J. Nache

Licensed Embalmer No. 4530

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.